

Article - Insurance

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§15–1011.

(a) (1) This section applies to:

(i) insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis under health insurance policies or contracts that are issued or delivered in the State; and

(ii) health maintenance organizations that provide hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State.

(2) This section does not apply to claims for reimbursement:

(i) for services received under Medicare supplemental policies or contracts; or

(ii) for pharmaceutical or vision services.

(b) An entity subject to this section shall permit an insured, a subscriber, or a member seeking reimbursement for expenses incurred by the insured, subscriber, or member, in connection with a covered service provided in the United States, to submit a claim for reimbursement:

(1) by first-class mail; and

(2) at the election of the entity:

(i) by facsimile transmission; or

(ii) through a Web site that allows for the secure transmission of information.

(c) An entity subject to this section annually shall provide:

(1) a notice that a claims form may be submitted:

(i) by first-class mail; and

(ii) at the election of the entity:

1. by facsimile transmission; or
2. through a Web site that allows for the secure transmission of information; and

(2) instructions on how to submit a claim by facsimile transmission or through a secure Web site.

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